

City of Imperial
420 S. Imperial Avenue
Imperial, CA 92251
(760) 355-4371

Business Application

Business Name:	Location:
Mailing Address:	Business Phone No:
Contractor's License No:	Home Phone No:
Type of Business:	State Board Resale No:

Explanation of what your business will involve: _____

Single Ownership

Partnership

Corporation

Worker's Compensation Carrier (attach a copy of your policy): _____

Owner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

Owner's Home Address: _____
Street _____ City _____ State _____ Zip _____

Partner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

Partner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date _____ Applicant's Signature _____

Health Department Approval (If Applicable): _____

Approve _____ Deny _____ Remarks _____

Date _____ Fire Department _____

Approve _____ Deny _____ Remarks _____

Date _____ Chief of Police _____

Approve _____ Deny _____ Remarks _____

Date _____ Director of Public Works _____

Approve _____ Deny _____ Remarks _____

Date _____ City Clerk _____

Approve _____ Deny _____ Remarks _____

Date _____ City Manager _____

Category _____ Fee \$(Per Year) _____ License No. _____